**Massachusetts Department of Developmental Disabilities**

**Employment First Technical Assistance Center**

**Technical Assistance Application**

Technical assistance is being made available to service providers funded by the Massachusetts Department of Development Disabilities (DDS) to assist in expanding the number of individuals in integrated employment while reducing and eliminating the use of sheltered workshop services. This technical assistance is being coordinated by the Institute for Community Inclusion (ICI) at UMass Boston. The purpose of this questionnaire is to help ICI learn more about your organization, while also helping your organization consider what specific areas may be most useful to focus on in terms of technical assistance. Completed applications should be emailed to David Hoff ([david.hoff@umb.edu](mailto:david.hoff@umb.edu)) at ICI. If you have any questions, or need assistance completing this application, please contact David by email or by phone at 617-287-4308.

Note: In completing this application, please consider only those individuals your organization serves with intellectual and developmental disabilities, whose services are supported and funded by Massachusetts DDS, or who may transition to DDS services in the future.

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| --- | --- |
| **General Agency Information** | |
| **Name Of Organization** |  |
| **Chief Executive Officer (CEO)** |  |
| **Address (Street, City, State, Zip)** |  |
| **Agency Phone Number** |  |
| **Website** |  |
| **Contact Person For Follow-Up** |  |
| **Contact Person Phone Number** |  |
| **Contact Person Email Address** |  |

**Please Answer the Following Questions**

# Areas of Strength

Please describe what you see as the areas of strength of your current day and employment services including specific areas of knowledge/expertise, service model, ability to effectively support and respond to the needs of individuals and families, etc.

# Issues and Challenges

# Below are a list of potential issues and challenges in expanding integrated employment, and reducing/eliminating the use of facility-based services, including sheltered work. Please answer each of these items with a 1, 2, or 3.

1. Major issue/challenge
2. Moderate issue/challenge
3. Not an issue/challenge

**Program model and components resulting in pathway to employment:**

*(Note: For these items, indicate the status of these items in terms of services your program provides.)*

\_\_\_\_ Career exploration/discovery of skills, abilities, and interests

\_\_\_\_ Community-based assessments, including situational assessments (i.e., short-term  
 assessments conducted in employment settings in the community)

\_\_\_\_ Job development

\_\_\_\_ Initial placement support, including job coaching and facilitation of natural supports

\_\_\_\_ Long-term post-placement supports

**Staff knowledge/capacity in the following areas:**

*(Note: For these items, indicate the status of these items in terms of staff skill and competency.)*

\_\_\_\_ Person-centered employment planning and assessment

\_\_\_\_ Job development/employer outreach

\_\_\_\_ Job coaching/post-placement supports

\_\_\_\_ Job creation/job carving for individuals who don’t fit into existing job openings

\_\_\_\_ Networking for employment and community resources

\_\_\_\_ Benefits and work incentives

\_\_\_\_ Job accommodations and assistive technology

**Staff scheduling and time:**

\_\_\_\_ Sufficient staff time for job development/employer outreach

\_\_\_\_ Staff availability for job coaching/post-placement supports

\_\_\_\_ Availability of staff for job coaching during “non-traditional” hours (evenings and  
 weekends)

**Support for integrated employment:**

\_\_\_\_ Individual resistance/concern over employment in the community

\_\_\_\_ Family resistance/concern over employment in the community

\_\_\_\_ Staff resistance/concern over employment in the community

**Individual support needs:**

\_\_\_\_ Behavior challenges of individuals served

\_\_\_\_ Need for individuals to have 1:1 support in the community

\_\_\_\_ Need for employment to fit within a Monday to Friday 9-to-3 day program schedule

\_\_\_\_ Need for individuals to have activities during non-work daytime hours

\_\_\_\_ Lack of ability to fade ongoing on-the-job supports for individuals

\_\_\_\_ Health and safety concerns for individuals

**Fiscal/Administrative issues:**

\_\_\_\_ Fiscal impact of increasing integrated employment and reducing use of other services

\_\_\_\_ Need to re-configure or dispose of assets (buildings, etc.) currently used for sheltered work

**Labor Market issues:**

\_\_\_\_ Lack of appropriate employment opportunities in the local area

\_\_\_\_ Limited number of hours of available jobs

**Employment related supports:**

\_\_\_\_ Concerns over impact of employment on benefits

\_\_\_\_ Transportation

1. **Are there other areas not listed in # 2 above, that you see as issues/challenges in expanding integrated employment?**
2. **What are your priority areas for technical assistance? What specific issues would you like technical assistance to address?**
3. **Any additional information you wish to provide that would be helpful in determining your technical assistance needs.**
4. **DDS Area Office(s) that your organization does business with, and DDS contact.**

**NOTE: Please send a completed copy of your application to your DDS area office(s).**